

DEPARTMENT OF PUBLIC WORKS  
BUREAU OF WATER & WASTEWATER  
ENVIRONMENTAL SERVICES DIVISION  
CITY OF BALTIMORE, MARYLAND

**WASTEWATER DISCHARGE PERMIT APPLICATION B**

**DIRECTIONS:** Article 25 of the Baltimore City Code, as amended, regulates sewage disposal. Any discharger of non-residential wastes into the City wastewater system is required to obtain a Wastewater Discharge Permit from the City. The information requested in this application will be used to determine if a Permit is necessary and the category designation.

Permit Application Form B may be used for restaurants, carry outs, and similar food service facilities, or for service stations and other types of vehicle maintenance establishments. Form B may be required for other commercial facilities on a case-by-case basis.

**IMPORTANT:** Applications for confidential treatment of information provided are governed by procedures specified in 40 CFR 403 Part 2. Mail the completed and signed application to:

Program Administrator  
Pollution Control Section  
8201 Eastern Boulevard  
Baltimore, MD 21224

If you should need assistance completing the application, please call 410-396-9695. Thank you for your cooperation.

FOR CITY USE ONLY FORM B	
Category	
Industry No.	
Reviewer	
Date	
SIC Designations	
Sewer Code	

**SECTION A. GENERAL INFORMATION**

1. Company Name:		
2. Mailing Address:		
3. City:	4. State:	5. Zip Code:
6. Facility Address:		
7. City:	8. State:	9. Zip Code:
10. Type of Business:		
11. Name of Signing Official:		
12. Title:		
13. Telephone:	14. FAX:	
19. EMAIL:		
15. Alternate Contact:		
16. Title:		
17. Telephone:	18. FAX:	
19. EMAIL:		

**SECTION B. WATER SOURCES.**

**1. Check applicable sources:**

BALTIMORE CITY ☐

PRIVATE WELL ☐

SURFACE WATER ☐

OTHER ☐

NAME ON WATER BILL:		
WATER ACCOUNT(S)	a.	b.
c.	d.	e.
f.	g.	h.

**2. If landlord supplies water, give name and address:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**SECTION C. PROCESS AND WASTE INFORMATION.**

Type of Business: \_\_\_\_\_

**1. Facility Operational Characteristics**

Shift Information:

Number of shifts per workday: \_\_\_\_\_

Work days (circle): Mon Tue Wed Thu Fri Sat Sun

Average number of employees per shift 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

Shift start times 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

Shift end times 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

**2. Is the facility equipped with a grease trap or gas/oil interceptor: ☐ Yes ☐ No**

If yes, please specify location, size, maintenance schedule, hauler and destination of intercepted waste:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hauler Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

3. Does the facility use solvents? ☐ Yes ☐ No

If yes, please specify type, usage rate (gals. or lbs. month), storage location (relative to drains) and destination of spent solvent.

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4. Does your facility generate or receive any wastes which are hauled away from the facility (other than identified in item C-1.) ☐ Yes ☐ No

If yes, please specify material, amount (gals/month), removal schedule, and hauler.

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**Hauler Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

EPA Generator Number: \_\_\_\_\_

5. If material(s) identified in item C-3 are stored before removal, please describe storage method and location.

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**SECTION D. CERTIFICATION.**

*I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information herein, I believe that the submitted information is true, accurate and complete.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

(Seal if applicable)